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ADOLF MEYER ON PROBLEMS OF INSANITY.

'Take not justice into your own hands, but leave it to the orderly administration of the law.' What do you think would be the answer? 'We have no respect for a law which puts the definite article *the* in sanctity above the chastity of our wives and daughters.' That is what is aimed at in this report. That is the purpose of it, to make an end to those things which bring the law into contempt and disrepute, and which make you and me ashamed of it when we are arraigned at the bar of the common sense of mankind. It is a duty that we owe to ourselves and our country to bring the law of the land into harmony with its good sense and its best conscience. That is the purpose of the bill, and no other. We invade no constitutional rights. We simply stand upon the rights of society and insist that they shall be regarded here. I submit that you will deal a severe blow to the utility of this association if you go upon record as continuing through this generation not the substance of the common law, but the casuistry and frailties imposed upon it in the dark days of the past. It is our duty to relieve the law from them. And that is the purpose of this report."²
J. W. G.

PROBLEMS OF INSANITY.—Dr. Adolf Meyer, in the *Journal of the American Medical Association* for June 11, discusses the problems of the physician concerning the criminal insane and borderland cases. According to Dr. Meyer most lawyers consider insanity as a condition characterizing a more or less final subdivision of humanity which is, or should be, fenced in by asylum walls. He thinks that insanity is not a disease in the sense in which tuberculosis or leprosy are diseases, but that it is a condition to which a number of totally different diseases may lead. As we are not dealing with a definite unit but with widely different disorders, Dr. Meyer thinks that we should speak of "insanities" rather than of "insanity," the link between the various forms being found in the necessity of interference with the patient's individual control and legal responsibility. The patients get themselves or their friends into innumerable difficulties until the point is finally reached at which they have to be checked. Where the danger is acute and great, control is easily managed, but in many cases patients are quite as unable to control themselves, as the more violent cases, yet are able to remonstrate and resist in such a way as to appeal to their fellow citizens and to demand legal consideration. General hospitals are unsuitable for such patients. Often merely a quiet, orderly life with occupation and rest is sufficient. The only places available for such patients are private sanatoria and state institutions, admission to which, Dr. Meyer says, is difficult on account of the barbarously inconceivable fence of laws regulating admission to those institutions which alone are admittedly equipped to give help to the patients. The whole conspiracy of facts and imaginations and traditions has created a class of humanity under a special legal ban called forth for the protection of a few cantankerous individuals where all that is necessary is the application of the quarantine principles and provisions for legal reinforcement of medical persuasion and advice. Dr. Meyer holds that the control and restriction of the insane should be based on the quarantine principle rather than on the principles of criminal law with its provisions that nobody can be punished for a thing that has not been done. He holds that it is an anomaly to require a legal decision for admission to a hospital when there is not the slightest objection on the part of anyone "merely to do justice to the rail-

²Ibid, p. 78.

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roading yarns of the dime novel type or to relieve the superintendent of responsibility."

Considering criminal acts on the part of the insane, Dr. Meyer says that the bulk of morbidly determined crime is attributable to states of defective or uneven abnormal development. Certain forms of imbecility and defective balance are called moral insanity. In this class are found thefts, forgery, swindling, sexual assaults, exhibitionism, perversion, acts of revenge and spite, etc. The practical side of the question of the criminal insane is to determine not so much what crimes occur among the insane as what shall be done about certain crimes in which the issue of insanity is raised. Dr. Meyer assumes that the aims of the criminologist and of the judge are, one, to ascertain the facts; two, to determine the guilt; three, to assign the punishment and, four, to bring about the effects expected from punishment. The only safe statement, he thinks, is that responsibility is liability to punishment. The aim of punishment should be more than retaliation and correction. It should include prevention and protection of society. The individual should not be punished for acts not committed or for mere intentions, yet the abnormal intention should be corrected. These intentions which are in the flesh and blood of the insane individual call for action for the protection of society. Social quarantine is the only hope for the future. Actual detention of anti-social elements and the prevention of their propagation are as much a duty as is the quarantine of the leper or smallpox patient or the carrier. The question which arises in every case and which should be addressed to a competent expert or commission of experts is, Should the mental disorder or condition found in the patient modify the disposal of the case? Is the person fit to undergo the ordinary course of justice? Will he need other measures for prevention than the punishment which the law considers a good enough method of disposal for the average case? Special colonies for special types should be provided, but this is probably a long way off. The law must give more clearness as to what it wants and must deal with diseases according to the principles of disease rather than with the rules of evidence. Where the defense of the criminal is the main thing and the plea of insanity is only the means of saving him from the consequence of his act the procedure is usually from the start a perversion of psychiatry. Physicians are called as partisans not as witnesses of fact. No impartial official record is kept nor is the prisoner under the constant observation of trained impartial observers. The physician's duty is to determine and report the mental condition of the accused. Dr. Meyer concludes that the solution of the medico-legal problem of mental disorders lies in the further development of the quarantine principle, medically and legally; that in handling criminals presenting mental disorder jurisprudence will have to develop rules of preventive care besides the rules concerning acts already committed; that the question of mental disorder should not be settled under the head of guilt only; that in order to meet the problem of partial responsibility in crimes of passion the law should create better alternatives than the unwritten law and that the equity procedure should be substituted for an unconditional declaration of not guilty, and that written statements of facts and opinions by competent experts are the only means of establishing standards.

F. G.